

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101550906

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2							
3							
4							
5							
6							
7							
8	1						
9							
10							
11							
12							
13							
14							
15							
16							
17	1						
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20	1						
21	1						
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40	1						
41	1						
42	1						
43	1						
44	1						
45	1						
46	1						
47	1						
48	1						
49	1						
50	1						
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51	1						
52	1						
53	1						
54	1						
55	1						
56	1						
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94							
95							
96							
97							
98							
99							
100							
TOTAL IND.	30						
TOTAL DEP.	30						
TOTAL CLAIMS	60						